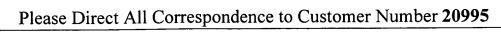
Docket No.:

DEXCOM.008DV1

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AMENDMENT / RESPONSE TRANSMITTAL

Applicant

Shults, et al.

App. No

09/447,227

Filed

November 22, 1999

For

DEVICE AND METHOD FOR

DETERMINING ANALYTE LEVELS

Examiner

Robert L. Nasser

Art Unit

3736

CERTIFICATE OF MAILING

I hereby certify that this correspondence and all marked attachments are being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on

Modember 30, 2006

(Pate)

Rose M. Thiessen, Reg. No. 40,202

Mail Stop Amendment

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith for filing in the above-identified application are the following enclosures:

(X) Amendment in 9 pages.

The fee has been calculated as shown below:

The present application qualifies for Small Entity Status under 37 CFR 1.27.

| FEE CALCULATION | | | | | | | | |
|--------------------|------------|---|----|---|---|--------------|---------------|-------|
| FEE TYPE | | | | | | FEE CODE | CALCULATION | TOTAL |
| Excess Claims | 39 | - | 55 | = | 0 | 2202 (\$25) | 0 x 25 = | \$0 |
| Excess Independent | 2 | - | 3 | = | 0 | 2201 (\$100) | 0 x 100 = | \$0 |
| 1 Month Extension | 1.17(a)(1) | | | | | 2251 (\$60) | | \$60 |
| | 1 | | | | | | TOTAL FEE DUE | \$60 |

- (X) An extension of time is hereby requested by payment of the appropriate fee indicated above.
- (X) A check in the amount of \$60 is enclosed.
- (X) Return prepaid postcard.

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November 30, 2006

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Please Direct All Correspondence to Customer Number 20995

Please charge any additional fees, including any fees for additional extension of time, or credit overpayment to Deposit Account No. 11-1410.

Rose M. Thiessen Registration No. 40,202 Attorney of Record Customer No. 20,995 (619) 235-8550

3164900:JSJ 113006